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DATE: June 9, 2006

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To:

NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents	571-273-8300	
Examiner H. Bennett GAU 3743		

FROM: Lisel M. Ferguson

RE: Application No. 10/656,589
Confirmation No. 7922

CC:

MESSAGE:

Attached is:

- 1) Transmittal form; and
- 2) Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address

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Client Name:	La Jolla Alcohol Research
Client/Matter No.:	113435.01
Equitrac No:	8065
113435.000001/611247.01	

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PTO/SB/21 (09-04)

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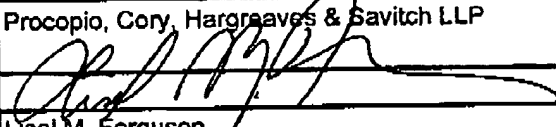
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/656,589
	Filing Date	09/04/2003
	First Named Inventor	Maury D. Cole
	Art Unit	3743
	Examiner Name	Henry Bennett
Total Number of Pages in This Submission	Attorney Docket Number	

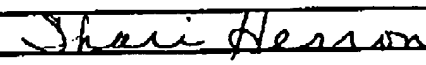
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Procopio, Cory, Hargreaves & Savitch LLP		
Signature			
Printed name	Lisel M. Ferguson		
Date	June 8, 2006	Reg. No.	48,139

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Shari Herron	Date	June 9 2006

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND**

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/656,589
Filing Date	09/04/2003
First Named Inventor	Maury D. Cole
Art Unit	3761
Examiner Name	TBA
Attorney Docket Number	113435-01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27189

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number.

27189

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email docketing@procopio.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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